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Bib Data Sheet

CONFIRMATION NO. 7906

<b>SERIAL NUMBER</b> 10/809,975	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> ACADIA.035A
<b>APPLICANTS</b> Robert E. Davis, San Diego, CA; Kimberly Vanover, San Diego, CA; Mario Rodriguez, Lihue, HI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,045 03/28/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 13
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 20995				
<b>TITLE</b> Muscarinic M1 receptor agonists for pain management				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	